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NÖV 19 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Franklin
Township Marceline
City Marceline (No. 1)

Registration District No. 502
Primary Registration District No. 430.5

File No. 38126
Registered No. 52
St. Mo. Ward

2. FULL NAME

(a) Residence, No. Jerry Beckwith St. Ward
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 26 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 30

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Marceline (STATE OR COUNTRY) Mo.

13. NAME Ralph Beckwith

14. BIRTHPLACE (CITY OR TOWN) Denver (STATE OR COUNTRY) Colo.

15. MAIDEN NAME Minnie Kennedy

16. BIRTHPLACE (CITY OR TOWN) Cleveland (STATE OR COUNTRY) Ohio

17. INFORMANT Ralph Beckwith (ADDRESS) Marceline Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Clare DATE Oct 26 - 1937

19. UNDERTAKER Jas. McLaughlin (ADDRESS) Marceline Mo.

20. FILED 10726 19 37 Clara Davis Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26, 1937

22. HEREBY CERTIFY, That I attended deceased from Oct 26 1937 to Oct 26 1937

I last saw him alive on Oct 26, 1937. Death is said to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Potential Birth
159

Other contributory causes of importance:

Overworked
washer

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 1

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) P. J. Patrick M. D.
(Address) Marceline Mo.

